

CUT SHORT FILM COMPETITION 2024

Entry Form

Please note: this form *is not required* if you are submitting your film online using FilmFreeway.

Contact Details

Please provide contact details for the person primarily responsible for this film entry.

| | | | |
|---|-----------|--|----------------|
| Full Name | | | |
| Address | | | |
| Contact Number | | | |
| Email | | | |
| Parent / Guardian details* (if under 18 years of age) | Full Name | | Contact Number |
| * As the parent/guardian, I agree to be bound by the Cut Short Film Competition 2024 Terms and Conditions (if you are under 18, your parent/guardian must sign this section: Name _____ Signature _____ Date _____ | | | |

Film Details

Please provide information about the film being entered into the Cut Short Film Competition 2024.

| | | | |
|----------------|--|-------|--|
| Film Title | | | |
| Filmmaker | | | |
| Run Time | | Genre | |
| Date Completed | | | |

| | | |
|-----------------|--------|-------|
| Synopsis | | |
| Chosen Category | Junior | Adult |

Entrant's Declaration

I acknowledge that I have read and understand the Terms and Conditions for the Cut Short Film Competition 2024. I will submit this entry form, along with a USB or external hard drive containing the video file for the submitted film.

I have obtained all permissions for any copyrighted material user in the submitted film.

Name _____ Signature _____ Date _____

If you have questions or concerns, please email library@ssc.nsw.gov.au